2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 16, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # B000000000				Secretary of State	e
Principal Place of Business C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401		Mailing Address C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401				(5)
2. Principal Place of Business		3. Mailing Address	. Mailing Address			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142005 Chg-LP CR2E003 (10/03)	
City & State		City & State	City & State		4. FEI Number Applied F NOT APPLICABLE Not Appli	
Zip Country		Zīp	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent	
	ER, WILLIAM A			 	(P.O. Box Number is Not Acceptable)	
	'H FLAGLER DRIVE LM BEACH, FL 33401				(
				City	FL Zip Code	
	rnamed entity submits this statement for t	he purpose of chariging its	s registere	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE	Signature, VPEd or printed name of registered agent and	fulls if sonlinghts	<u> </u>		DATE	_
9. Capital Contributions as Shown on record. \$300.00 In FLORIDA to date.				buttons \$300	2.00	
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS EN NOT be changed on t	TITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY	
DOCUMENT # NAME	M00000000618 PLAZA GP LLC			ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	777 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		CITY-	-ST-ZIP	U00000366915 	_]
DOCUMENT# NAME		***	STRE	ET ADDRESS		}
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY-	·ST-ZIP		
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STREET ADDRESS CITY+ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		\dashv
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall/have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered be execute the report as received a Statutes. Plaza Plaza partner, by: 1000 man Properties Inc., its manager						
SIGNATURE: 4/30/05 561-833-3777						_

STAPLE CHECK HERE